

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 18 1942

Registration District No. 309

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4185

State File No. 2193

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community. All her life
years, months or days)

3. (a) PRINT FULL NAME Ada May Collier

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Collier 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased. Sept. 28 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 27 hr. min.

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name L. L. Shores
13. Birthplace Terra Haute Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Anna Rebecca Schwartz
15. Birthplace Golden Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Shores
(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 1/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director John M. Miller
(b) Address Albany Mo.

19. (a) 1/27/42 (b) John M. Miller
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1942 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 31
41 to Jan. 25 - 1942
that I last saw her alive on Jan. 25 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary
Carcinomatosis Duration 8 mos.

Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastases

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Frank H. Rose (M. D. or other) MD
Address Albany Mo. Date signed 1-26-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Walter Brooks

Licensed Embalmer No. 3329

P. O. Address

Albany, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above: